



**STATE OF NEW JERSEY
PAYMENT VOUCHER
(VENDOR INVOICE)**

DOCUMENT				BATCH				ACTG PER.	FY		
TC	AGV	NUMBER		TC	AGV	NUMBER					
PP START	SCHED PAY	CHK	OFF	F	RF	CK	(A) VENDOR ID NUMBER				
MO	DY	YR	MO	DY	YR	CAT	LIAB	A	TY	FL	
PO#		PV DATE									

CONTRACT NO.	AGENCY REF	BUYER	(B) TERMS	PAYEE: SEE INSTRUCTIONS FOR COMPLETING ITEMS (A) THROUGH (G)	(C) TOTAL AMOUNT
(D) PAYEE NAME AND ADDRESS				(E) SEND COMPLETED FORM TO:	

(F) PAYEE DECLARATIONS
 CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS THAT THE DESCRIBED GOOD OR SERVICE HAVE BEEN FURNISHED OR RENDERED AN THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.

..... PAYEE SIGNATURE

..... PAYEE TITLE

..... BILLING DATE

REFERENCE				LINE	(G) PAYEE REFERENCE
DC	AGY	NUMBER			
.....					
.....					

FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJECT NO
.....										
.....										

RPT	BS ACT	DT	DESCRIPTION	QUANTITY	AMOUNT	ID	PF	TX
.....								
.....								

ITEM NO	COMMODITY CODE / DESCRIPTION OF ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT

CERTIFICATION BY RECEIVING AGENCY: I certify that the above article have been received or services rendered as stated herein.

.....
Signature

.....
Title

.....
Date

CERTIFICATION BY RECEIVING AGENCY: I certify that this Payment Voucher is correct and just, and payments is approved.

.....
Authorized Signature

.....
Title

.....
Date